

Brief History of the Kentucky Board of Nursing

1914 The Kentucky Board of Nursing was created and called: The Kentucky State Board of Trained Nurses. Five Board members were appointed by the Governor from a list of ten. The Board was to elect a president who was to act as the inspector of training schools for nurses and a secretary who also acted as treasurer. The Board was to give examinations and award a certificate of registration to all who passed. The successful applicant was permitted to use the title of Registered Nurse (RN). Nursing without a certificate was made unlawful. The registration fee was ten dollars (\$10.00) and the renewal fee was one dollar (\$1.00).

1916 A treasurer was added to the officers elected by the five member Board. Applicant standards were set; applicants were required to have at least three years of instruction and at least one year of high school. The Board was permitted to refuse to register applicants from a hospital it did not approve. Endorsement from other states was placed into law.

1920 The renewal fee was raised to two dollars (\$2.00). Failure to pay the renewal fee within six months operated as a forfeiture of the license. The applicant was then required to retake the licensure examination. The Board was authorized to issue certificates without examination to any nurse who had been in Kentucky for ten years prior to January 1, 1920.

1942 A comprehensive revision of the Kentucky statutes took place and the nursing law was placed in Kentucky Revised Statutes (KRS) Chapter 314. The chapter included the following: definitions; applicant qualifications; applicants to undergo examination and obtain a license; subjects to be included in examination; license and renewal fees; causes for refusal, suspension or revocation of a license; proceedings for suspension or revocation; reciprocity of nurses from other states; qualifications of Board member candidates and length of terms; Board member salaries were increased and they began receiving reimbursement for expenses; duties of elected officers from five member Board; fines were set for misrepresentation on applications.

1950 Major changes to KRS Chapter 314 reflected the changes which were occurring in the nursing profession. These changes included the following: name of the Board changed to the Board of Nursing Education and Nurse Registration; a definition of professional nursing and practical nursing created; Board would now be made up of seven members; names of member candidates submitted by the Kentucky State Association of Registered Nurses; revision of qualification of Board member candidates; Board may employ staff; Board to prescribe curricula and standards for nursing schools; schools to apply to Board for approval.

1966 The powers of the Board were greatly enhanced and these were reflected through major changes in the Kentucky statutes. The definitions of registered nurse and practical nurse were substantially revised from the 1950 definitions. The legislature stated that its policy regarding the regulation of the practice of nursing was to protect the public. Schools of Nursing (SON) could not operate without approval from the Board. No one could practice nursing without a license. The amount of high school completed was increased from one year to two years for those older than 25 and three years for those

under 25. Licenses were to be renewed annually. For the first time temporary work permits **could be granted for a limited time by the Board.**

1978 Major Changes to KRS Chapter 314 once more occurred during this legislative year. The name of the board was changed to the Kentucky Board of Nursing. Advanced Registered Nurse Practitioner was added for the first time. The legislative policy statement was expanded to include individual accountability for decision making. Definitions for nursing process, registered nurse practice and licensed practical nurses were expanded. Continuing education became mandatory and was to take effect in 1982 with the requirement of 15 contact hours yearly. The use of the terms “RN Applicant” and “LPN Applicant” were included. The Board was expanded to eleven members: 7 RNs, 3 LPNs and 1 citizen. The requirement to meet in Frankfort was eliminated. The Board’s duties were expanded to include CE requirements and the registration and designation of those engaged in advanced nursing practice. The executive secretary was changed to Executive Director with certain minimum qualifications. The Assistant Board of Practical Nurse Examiners was repealed. A new provision creating the Nurse Practice Council consisting of eight members to recommend standards for advanced practice nursing was enacted. Grounds for disciplinary action changed slightly. A provision regarding the issuance of subpoenas was also added. An appeal procedure was included which allowed licensees to appeal a decision of the Board to the Court of Appeals. Examination requirements for RN and LPNs were slightly changed. LPNs were now required to complete high school.

1982 In this year, several changes were made to KRS Chapter 314. A definition of limited license was added. A provision requiring anyone with knowledge of a violation of the law to report the nurse to the Board was added. A new statute that set the procedure for registration as an ARNP and the use of the title was created. License renewal became biennial. Thirty (30) contact hours of CE per licensure period were now required. Grounds for disciplinary action were expanded to include unfit or incompetent to practice nursing, abused or misappropriated controlled substances and falsified records. Appeal of Board decisions was changed to the circuit court. A temporary work permit could be issued to those who had passed the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination. The membership of the board was changed slightly. One of the RNs was now also to be a nurse service administrator, whose name was to be submitted by the Kentucky Society for Hospital Nursing Service Administrators. The Nurse Practice Council was expanded to nine members.

1986 Minor changes were made during this legislative year. RN and LPN inactive status was to be renewed biennially. A new statute allowing RNs who had been issued permits to practice midwifery to continue to practice, but restricted future midwifery practice to ARNPs was added. A new statute that allowed the Board to issue an immediate temporary suspension of a license prior to a hearing when needed to protect the public was added. The Board was required to elect a Vice president. The Board was also authorized to issue advisory opinions dealing with the practice of nursing. The Board was authorized to purchase liability insurance.

1988 A Registered Nurse member nominated by the Kentucky Association of Health Care Facilities (an association of long term care facilities) was to be added to the Board.

1990 The General Assembly created the Nursing Incentive Scholarship Fund to address the nursing shortage. Nurses were included in the comprehensive AIDS education bill. Nurses employed in a hospice program could determine and pronounce death under certain conditions.

1992 The General Assembly made several changes to KRS Chapter 314. A definition of delegation was added and the components of medication administration were listed. A requirement to speak and understand English was added to the licensure statutes. The Board was allowed to order a physical or mental examination of a licensee or applicant upon reasonable cause. A thirteenth board member was added and the member was to be nominated by the Kentucky Association of Nonprofit Homes and Service for the Aging (another long term care association). Two additional members were added to the Nurse Practice Council: one from the Kentucky Association of Health Care Facilities and one from the Kentucky Hospital Association. The civil penalty that could be assessed in a disciplinary case was raised to a maximum of \$10,000.

1994 With the advent of the federal Americans with Disabilities Act (ADA), several revisions were made to KRS Chapter 314: limited license was deleted from the definition section as well as the requirement that an applicant for licensure be “in good physical and mental health” was removed from the various licensure statutes. A comprehensive bill on sexual misconduct by professionals added several provisions; including grounds for disciplinary action by the KBN and the development of guidelines to deal with complaints of sexual misconduct and training of the board members and investigators.

1996 Through the passage of several significant bills, changes to KRS Chapter 314 occurred. These included the creation of the Sexual Assault Nurse Examiner (SANE) and the Sexual Assault Nurse Examiner Advisory Council. The KBN was given the authority to promulgate regulations to implement the Sexual Assault Nurse Examiner Program. The legislature enacted a bill that gave ARNPs limited prescriptive authority. ARNPs were allowed to prescribe nonscheduled legend drugs if they entered a written collaborative agreement with a physician (CAPA-NS).

1998 Physician Assistants were added to those professions that can prescribe medications or treatments to be administered by RNs and LPNs. The Sexual Assault Nurse Examiner Advisory Council was to include several new members and title protections for the SANE credential was provided.

2000 RNs were given the authority to pronounce death in hospitals and nursing homes. A statute was added to KRS Chapter 314 as part of a comprehensive telehealth bill. Several new statutes were added to KRS Chapter 314 that included the following: a new statute that defined the jurisdiction of the KBN; a new statute that allowed the Board to perform a criminal background check for applicants by endorsement by sending fingerprints to the State Police and the FBI; a requirement that licensees maintain a current mailing address with the Board and deemed the licensee to have consent to service at the address of record; required all licensees to report any disciplinary actions taken on any other professional or business license they may hold; required that all licensees report any criminal conviction within thirty days of entry of the final judgment; added clinical nurse specialist to the ARNP designations, added definitions of competency, credential, and dispense; allowed the Board to issue grants for nursing workforce competency development from the NISF funds; also to make those who

have been listed on the Nurse Aide Abuse Registry ineligible for NISF award; added misappropriation, abuse or misuse of drugs and falsifying or making incorrect entries as reportable incidents to the mandatory reporting of allegations of violations. The licensure statute for ARNPs was amended to add clinical nurse specialists to the recognized roles. An ARNP was added to the list of board members, bringing the total to sixteen (16).

2001 The mandatory HIV/AIDS continuing education requirement was changed from yearly to once every 10 years. The Board was given the responsibility of regulating dialysis technicians (DT) and DT training programs. The KBN was to promulgate administrative regulations to implement this program. A Dialysis Technician Advisory Council was created.

2002 Two new statutes were added to KRS Chapter 314 due to passage of House Bill 376. One new statute gave the Board the authority to issue an immediate temporary suspension for bad checks. The second new statute mandated that the Board suspend the license or deny the application of someone who has failed to pay child support as determined by the Cabinet for Health and Family services. An amendment eliminated the Nursing Incentive Scholarship Fund (NISF) Committee and replaced it with the Board. It also created an NISF Grant Review Committee to review all proposals for nursing workforce competency development grants and make recommendations to the Board. An amendment to one of the statutes allowed the Board to establish an alternative to discipline program, which was named the Kentucky Alternative Recovery Effort (KARE) for Nurses program.

2004 House Bill 72 created a new initiative; the clinical internship as a condition of licensure. Three provisions were added to the RN licensure statutes: requirements of the clinical internship (CI) were set out which included the length of the CI (120 hours), the timeframe in which to complete it (six months) and it created the provisional license to allow the applicant to practice under supervision while engaged in the CI. The retired status license for nurses who did not intend to practice but wanted to continue to use the title RN was created. A statute for LPNs with regard to the CI and retired status was added to KRS 314 as well. RNs who failed the NCLEX-RN could take the NCLEX PN after taking an LPN role delineation course. The statute that requires a nurse to report criminal convictions was amended to clarify that it did not include traffic related misdemeanors with the exception of DUI.

2006 House Bill 102 adopted the Nurse Licensure Compact to be effective as of June 1, 2007. This Compact is an interstate compact that allows the recognition of other member states' nursing license for practice in Kentucky. It grants a privilege to practice in this state based on the other member state's license. Senate Bill 65 granted ARNPs prescriptive authority for controlled substances. There were limitations on the amount of medications that could be prescribed by schedule as well as a requirement for ARNPs to enter into a Collaborative Agreement for ARNPs prescriptive Authority for Controlled Substances known as a CAPA-CS. An amendment to allow an exception from licensure for a nurse licensed in another state that comes to Kentucky to help in a declared emergency and a nurse who provides consulting services and CE presentations.

2010 The National Council of State Boards of Nursing (NCSBN) APRN consensus model was adopted. This model act was developed to achieve some degree of uniformity in advanced practice. The adoption

of this act made several changes to Kentucky's existing statutes on advanced practice: (1) The term APRN (Advanced Practice Registered Nurse) as opposed to ARNP was adopted; (2) the APRN must have been educated in one of four roles (Nurse Practitioner, Nurse Midwife, Nurse Anesthetist and Clinical Nurse Specialist) and one or more population foci (family or individual across the lifespan, adult health and gerontology, neonatology, pediatrics, women's health and gender-related health, and psychiatric mental health); (3) it replaced registration with licensure as an APRN; and (4) it gave the Board approval authority over APRN education programs. A one-time 1.5 hour course on pediatric abusive head trauma (Shaken Baby Syndrome) was added to the continuing education requirement. An amendment to change the name of the organization nominating LPNs and LPN educator as board members to the Kentucky Licensed Practical Nurses Organizations was enacted. A statute was added that gives immunity from civil or criminal prosecution for anyone who submits a complaint to the Board. The authority to require criminal background check through fingerprints was expanded to include all nurses and dialysis technicians. An applicant for licensure was required to report if any professional or business license issued by any jurisdiction had ever been disciplined.

2011 Passage of House Bill 422 amended the statutes involving the clinical internship to eliminate the need for 120 hour clinical internship. A new requirement for licensure was added: passing a jurisprudence examination. The examination was to cover the licensing requirements for nurses and other statutes and regulations applicable to the nursing profession. In addition, the exemption from the continuing education requirement for renewal for those nurses renewing for the first time was eliminated.

2012 House Bill 1, the "pill mill" bill was passed. This bill affected APRNs who prescribed controlled substances. It required the Board to promulgate prescribing standards for controlled substances and to take certain actions in cases involving illegal, improper or inappropriate prescribe of controlled substances. An amendment was made to the statutes that requires the Governor, when making the RN member appointments to the Board, should ensure a broad cross section of the nursing profession is represented after soliciting and receiving nominations from recognized specialty state component societies.

2013 Passage of House Bill 217 made changes in clarifications to House Bill 1 regarding "pill mills" and controlled substance prescribing.

2014 During this legislative session, Senate Bill 7 gave APRNs who have 4 years of experience in the prescription of legend drugs, the opportunity to discontinue the Collaborative Agreement for Prescriptive Authority of Non-scheduled medications (CAPA-NS). Any APRN with less than 4 years prescribing experience will still require a CAPA-NS, after which they can discontinue it if they so desire.